

State: NEVADA

Agency*	Citation(s)	Groups Covered
Nevada State Welfare Division	1902(a)(10)(E)(i) and 1905(p) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u> 25. Qualified Medicare beneficiaries-- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)
	1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act	26. Qualified disabled and working individuals-- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

*Agency that determines eligibility for coverage.

No. <u>93-09</u>			TN
Supersedes	Approval Date <u>APR 7 1993</u>	Effective Date <u>01/01/93</u>	
TN No. <u>91-22</u>			

State: NEVADA

Agency*	Citation(s)	Groups Covered
Nevada State Welfare Division 1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u> 27. Specified low-income Medicare beneficiaries-- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)	

*Agency that determines eligibility for coverage.

No. <u>93-09</u>	Approval Date <u>APR 7 1993</u>	Effective Date <u>01/01/93</u>	TN
Supersedes			
TN No. <u>N/A</u>			

State: NEVADA

Agency*

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1634(e) of
the Act

28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

N/A b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

*Agency that determines eligibility for coverage.

TN No. 95-07

Supersedes

TN No. 95-03

Approval Date OCT 13 1995

Effective Date 07/01/95

State: NEVADA

Agency* Citation(s) Groups Covered

Nevada State Welfare B. Optional Groups Other Than the Medically Needy

Division

Conf
1-13-92

42 CFR ☐ 1.
435.210
1902(a) N/A
(10)(A)(ii) and
1905(a) of
the Act

1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

☐ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

☐ Aged
☐ Blind
☐ Disabled
☐ Caretaker relatives
☐ Pregnant women

42 CFR
435.211

☒ 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

☒ The plan covers only the following group or groups of individuals:

☒ Aged
☒ Blind
☒ Disabled

*Agency that determines eligibility for coverage.

TN No. 91-22 Approval Date JAN 13 1992 Effective Date 10/01/91
Supersedes 89-7
TN No. _____ HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212 & <input checked="" type="checkbox"/>	3. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or 1903(m)(6) of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.
1902(e)(2) of the Act	N/A

The minimum enrollment period is _____ (not to exceed six months).

The State measures the minimum enrollment period from:

N/A	<input checked="" type="checkbox"/> The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
N/A	<input checked="" type="checkbox"/> The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

*Agency that determines eligibility for coverage.

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B. Optional Groups Other Than the Medically Needy
(Continued)

N/A ☐ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

42 CFR
435.217

☒

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10) ☒ 5. Individuals who would be eligible for
(A)(ii)(VII) Medicaid under the plan if they were in a
of the Act N/A medical institution, who are terminally
ill, and who receive hospice care in
accordance with a voluntary election described in
section 1905(o) of the Act.

☒ The State covers all individuals as
described above.

☒ The State covers only the following group or
groups of individuals:

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
 - ☐ 21
 - ☐ 20
 - ☐ 19
 - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

*Agency that determines eligibility for coverage.

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Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220

☒

N/A

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

☒

The State covers all individuals as described above.

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

☒

The State covers only the following group or groups of individuals:

— Individuals under the age of--

— 21

— 20

— 19

— 18

— Caretaker relatives

— Pregnant women

42 CFR 435.2
1902(a)(10)
(A)(ii) and
1905(a)(i) of
the Act

N/A

7. ☒ a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age or younger as indicated below.

— 20

— 19

— 18

TN No. 91-22
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Agency*	Citation(s)	Groups Covered
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Nevada State Welfare
Division

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

XX b. Reasonable classifications of individuals
described in (a) above, as follows:

X (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:

* X (a) In foster homes (and are under
the age of 19).

*Children who are age
18 must be a full-time
student in a secondary
school or in the
equivalent level of
vocational or technical
training and must be
reasonably expected to
complete the program
before reaching age 19.

* X (b) In private institutions or
psychiatric facilities (and are
under the age of 19).

N/A (c) In addition to the group under
b. (1) (a) and (b), individuals placed
in foster homes or private
institutions by private, nonprofit
agencies (and are under the age of
).

* X (2) Individuals in adoptions subsidized in
full or part by a public agency (who are
under the age of 19).

* X (3) Individuals in NFs (who are under the age
of 19). NF services are provided
under this plan.

* X (4) In addition to the group under (b) (3),
individuals in ICFs/MR (who are under the
age of 19).

TN No. 99-06

Supersedes

Approval Date

6/3/99

Effective Date 04/01/99

TN No. 91-22

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

N/A (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

N/A (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-22
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TN No. 88-5

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